

EXHIBIT H

<p>1 2 -----x 3 LIFESCAN INC., LIFESCAN SCOTLAND, LTD., 4 Plaintiffs, 5 - against - 6 SHASTA TECHNOLOGIES, LLC, DECISION DIAGNOSTICS CORP., PHARMATECH SOLUTIONS, 7 INC., and CONDUCTIVE TECHNOLOGIES, INC. 8 Defendants. 9 -----x 10 11 Patterson Belknap Webb & Tyler 1133 Avenue of the Americas 12 New York, New York 13 December 11, 2012 13 2:55 p.m. 14 15 DECISION DIAGNOSTICS SHAREHOLDER 16 CONFERENCE CALL taken before Melissa Gilmore, 17 a Notary Public of the State of New York. 18 19 20 21 22 23 ELLEN GRAUER COURT REPORTING CO. LLC 126 East 56th Street, Fifth Floor New York, New York 10022 212-750-6434 25 REF: 102228</p>	Page 1	Page 3
<p>1 2 PROCEEDINGS 3 MR. BERMAN: We got a bunch of 3 people on the line. I would estimate 4 about 40. Okay? 5 Bill Lyons, are you on the call yet? 6 People are still coming in. So 7 let's wait one more minute. 8 Is everybody aware that this call is 9 being recorded? 10 MR. JAGUNICH: Yes, sir. 11 MR. BERMAN: We are going to try to 12 edit the recording to eliminate the -- 13 this introduction these last three or four 14 minutes where people were beeping in and 15 so on before we post it on our web site. 16 MR. JAGUNICH: Yeah. 17 MR. BERMAN: Bob? 18 MR. JAGUNICH: Yeah. 19 MR. BERMAN: Let's get started. 20 UNIDENTIFIED FEMALE VOICE: Are you 21 going to call him? 22 MR. BERMAN: Bob? 23 MR. JAGUNICH: Yes. 24 MR. BERMAN: Bob Jagunich, introduce 25 yourself, please.</p>	Page 2	Page 4

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<p>1 PROCEEDINGS 2 Bob said. 3 I haven't had an opportunity to 4 sleep since all of the days -- 20 hour 5 days we put in to getting the FDA approval 6 completed, but I would assume that most of 7 the people that are on this call are on 8 this call because they wish to know more 9 about that approval and what we plan to 10 do. 11 And what I would like to do is open 12 up the floor for questioning -- could we 13 please keep the background chatter down? 14 Okay? Because the conference room picks 15 up everything that you're saying. 16 So in any event, we are going to 17 open this up for questioning, and we will 18 go as long as people on this call wish us 19 to go. 20 So who has the first question? 21 UNIDENTIFIED MALE 2: Keith, I 22 wanted to ask you a question about that -- 23 about LifeScan. In other words, the 24 strips are all right, and now they are 25 saying about the device, about putting a</p>	<p>1 PROCEEDINGS 2 devices out there, and we have been FDA 3 cleared to use our strip with those 4 devices. So we are taking advantage of 5 our customer base that J&J has control, 6 but they can't keep, but we are allowed to 7 use our strip in the device according to 8 the FDA, based upon clinical results that 9 we supplied to the FDA by testing our 10 strip in their devices. 11 UNIDENTIFIED MALE 2: Okay. That's 12 what I wanted to know. I appreciate it. 13 Thank you. 14 MR. JAGUNICH: You're welcome. 15 UNIDENTIFIED MALE 1: How are you 16 going to get to these people? Through the 17 drugstore or direct mailing? 18 MR. BERMAN: I'll take that. We 19 have three models. There is a retail 20 model, which is for chain drug stores, 21 large mega stores, department stores. 22 That's one model. 23 UNIDENTIFIED MALE 1: Department 24 stores? 25 MR. BERMAN: Yeah, like Walmart and</p>	
<p>1 PROCEEDINGS 2 strip in the device. 3 Can you hear me all right? 4 MR. BERMAN: Yes, I can. 5 Bob, why don't you address that 6 question? 7 MR. JAGUNICH: I'm not sure what the 8 question is. Do you put the strip -- what 9 we have 510(k) clearance for? 10 UNIDENTIFIED MALE 2: No, in other 11 words I looked at that LifeScan -- that 12 court suit, or whatever it is. I mean the 13 strips are all right now. Now they are 14 saying about the using the strip in their 15 meters. 16 MR. JAGUNICH: Yes. 17 UNIDENTIFIED MAIL 2: I was just 18 wondering how does that look as far as 19 what they are trying to say? 20 MR. JAGUNICH: Well, first of all, 21 what we are alternative to the existing 22 J&J diagnostic strip that goes into their 23 devices. That is the size of the 24 opportunity. 25 There are 6.5 million of those</p>	<p>1 PROCEEDINGS 2 Costco and the chain grocery stores like 3 Kroger. Those stores that are centrally 4 managed. Chain drug stores are centrally 5 managed, where the decision to carry the 6 strip can be made by -- can be made by a 7 central management team that would decide. 8 That way we won't have to call in each 9 individual drugstore. That's one business 10 model. 11 The second business model, which in 12 the past would have been called a 13 wholesale business model, would be to go 14 to large regional distributors who have a 15 book of business that sell to independent 16 drug stores, mom and pop drug stores, but 17 to some degree those chain stores that are 18 not centrally managed, and they will 19 distribute directly to -- directly to that 20 group of people. The third -- 21 MR. BURNS: Roger Burns. 22 MR. BERMAN: Say that again? I'm 23 sorry. It must have been somebody signing 24 in. 25 The third business is the mail order</p>	Page 8

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 2 business, which we can talk about in a
 3 little bit. That's a business that is a
 4 bit influx right now, not having anything
 5 to do with GenStrip, but having to do with
 6 Medicare. So we are probably not going to
 7 go into that gung ho with both feet for a
 8 while, but we're going to concentrate on
 9 an offshoot of that business called the
 10 DME, the durable medical equipment
 11 business, where large DMEs, these are
 12 catalog medical supplies companies do sell
 13 products directly to small distributors as
 14 well as individual patients.

15 And basically those are our three
 16 business models. The largest one, the
 17 easiest one to achieve is the retail
 18 model.

19 **UNIDENTIFIED MALE 3?** Why has a
 20 press release not been issued?

21 **MR. BERMAN:** We will issue a press
 22 release when the company's entire business
 23 plan is put together, which the 510(k), by
 24 itself, is not believed to be newsworthy.
 25 It's probably a seminal event in the

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 2 **MR. BERMAN:** We hope to make some
 3 deliveries this year, but we will hit the
 4 ground running January 1, 2013.
 5 **UNIDENTIFIED MALE 1:** Do you have
 6 any specific orders from the either
 7 Walmart or Costco or any drug stores?
 8 **MR. BERMAN:** I can't comment on
 9 that. The answer to that is yes, but I
 10 can't go into specifics. We do have
 11 substantial orders.
 12 **UNIDENTIFIED MALE 2:** I didn't hear
 13 you.
 14 **MR. BERMAN:** I said that we do have
 15 orders in. We have a distribution
 16 contract with Walmart.
 17 One of the reasons this conference
 18 call is so late today is that we had a
 19 conference call with them earlier this
 20 morning, and that will be part of its own
 21 news release within the next few days.
 22 We do have substantial orders
 23 in-house from large regional distributors,
 24 not a single one of those businesses less
 25 than \$100 million a year in revenue by

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 2 company, but we can't tie any statements
 3 to it. It's just an event that's
 4 occurred, so we posted it on our web site,
 5 but as soon as we sign the financing
 6 agreement and are ready to announce first
 7 deliveries, we're going to have a whole
 8 series of announcements to make.
 9 **UNIDENTIFIED MALE 3:** You don't
 10 think getting FDA approval is newsworthy
 11 or important to the company?
 12 **MR. BERMAN:** It's probably material
 13 to people who trade stock, but it's not
 14 material to the company's business at the
 15 moment.
 16 I mean it's a wonderful thing. It's
 17 a wonderful accomplishment, but unless we
 18 can say in the press release something
 19 other than we received FDA approval, which
 20 is publicly-available information in many
 21 places, we will end up diluting our
 22 message and not being able to say the
 23 right thing for the marketplace.
 24 **UNIDENTIFIED MALE 2:** What's the
 25 time frame for sales and distribution?

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 2 themselves. And those orders in-house
 3 will make up 100 percent of our
 4 deliverable product for the next 90 days.
 5 **UNIDENTIFIED MALE 1:** From the
 6 inventory?
 7 **MR. BERMAN:** From the
 8 manufacturers -- from inventory, yes, but
 9 also from the manufacturer's capability to
 10 manufacture product.
 11 **UNIDENTIFIED MALE 1:** Is your
 12 package going to be looking the same for
 13 everybody or is it going to be different?
 14 **MR. BERMAN:** There will be two
 15 packages and then there will be --
 16 **UNIDENTIFIED MALE 1:** It's going to
 17 be 50 and 100 or different sizes?
 18 **MR. BERMAN:** There will be 50s only
 19 to start.
 20 I interrupted somebody.
 21 **UNIDENTIFIED MALE 4:** Based on your
 22 business model, is there potential for
 23 another business model of the home
 24 healthcare market, such as getting a
 25 master distribution agreement with MedSys

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1 PROCEEDINGS 2 or somebody of that nature or would that 3 fall into your wholesale business model? 4 MR. BERMAN: Yeah, that would fall 5 into the wholesale business model. 6 By the way, the wholesale business 7 model has two parts to it. It's kind of a 8 complex market because of Medicare and the 9 ever shifting sands of Medicare, every 10 market changes virtually every year. 11 The wholesale market right now is 12 made up of large regional distributors 13 that have -- that sell to small 14 independent drug stores, small other 15 independent distributors, clinics and the 16 like. 17 The second half of that are what are 18 known as GPOs, which are group purchasing 19 organizations. There are about three or 20 four of them that really matter, and 21 they -- basically you buy catalog space 22 only for them these days. Catalog space 23 means an online catalog. 24 We have been a med asset provider 25 for years. They are the largest in that	Page 13	1 PROCEEDINGS 2 difference. 3 The big -- the big -- when you get 4 to about 25,000 a month, that's when the 5 big price break occurs. 6 But just to give you an idea, the 7 customer that pays \$20 at 1,000 a month 8 and the customer that pays 17.50 at 9 500,000 a month, are basically the same 10 customer. That's unfortunate, but we're 11 not a big enough company at the present 12 time to change that mindset, and that type 13 of mindset was ingrained into the 14 distribution marketplace by LifeScan and 15 Bayer and Roche years and years ago, and 16 that's what these people understand. 17 UNIDENTIFIED MALE 1: Do you have 18 limited capacity to manufacture or not? 19 MR. BERMAN: No, we have unlimited 20 ability to manufacture but certain of the 21 raw materials have large lead times. 22 Large lead time means 30 days. 23 For example, and I think we have 24 said this in the past, Leon, but we have 25 had -- we said that December is a horrible	Page 15
1 PROCEEDINGS 2 field. So they will fall under the 3 wholesale model as well. 4 UNIDENTIFIED MALE 1: Who is that? 5 MR. BERMAN: Yes. And then there 6 are also in that GPO, there are large 7 companies that do not specialize in our 8 business -- in the strip business, but 9 offer -- for example, they service nursing 10 homes. 11 And to give you an example Medline 12 falls into that category, and we will have 13 an agreement with medicine line. 14 MR. JAGUNICH: And obviously they 15 are going to receive the product at a bulk 16 rate, at a discount, but at the same time, 17 you are looking at volume versus outside 18 box per box sales. 19 MR. BERMAN: Well, volume discount 20 is how the marketplace works. 21 MR. JAGUNICH: Correct. 22 MR. BERMAN: But the difference 23 between a customer that buys 1,000 a month 24 and a customer that buys 500,000 a month, 25 if we are ever so lucky, is minimal	Page 14	1 PROCEEDINGS 2 month for a number of reasons to launch a 3 product, but the biggest reason that it's 4 a horrible month is that one of the raw 5 components, a chemical that is used for 6 the product called the mediator, is a 7 product manufactured by Dow Chemical 8 Company, and Dow is basically closed this 9 month. 10 So we bought all we could of this 11 chemical on the gray market, and that's 12 why we will be able to deliver some strips 13 during the month of December, but there 14 will be a carryover into January until 15 real quantity of the raw components can be 16 delivered. 17 And, of course, those chemicals 18 degrade with time. They have shelf life 19 of their own. So nobody wants -- with the 20 FDA being the way they were, nobody wants 21 to -- wanted to make a substantial 22 purchase of raw materials and have that 23 have to be thrown away. So that's -- 24 UNIDENTIFIED MALE 1: The raw 25 material has a life or the end product has	Page 16

<p>1 PROCEEDINGS 2 also life? 3 MR. BERMAN: Both. The end 4 product -- 5 UNIDENTIFIED MALE 1: What is the 6 life on the end product? 7 MR. BERMAN: The useful life of the 8 end product will be delivered immediately 9 with 18 months. 10 UNIDENTIFIED MALE 1: So 18 months 11 is the life of the strip? 12 MR. BERMAN: Yes. 13 UNIDENTIFIED MALE 1: Okay. Can you 14 tell us approximately, and I know it's a 15 very difficult number right now, what do 16 you think revenue of the company for 2013 17 going to be? 18 MR. BERMAN: 13? 19 UNIDENTIFIED MALE 1: Yes. 20 MR. BERMAN: Well, we forecast that, 21 but that -- we'll probably put guidance 22 out in January, as we have done in the 23 past, but there is no reason to believe 24 that revenue guidance for our first year 25 of shipment won't be any different than</p>	Page 17	Page 19
<p>1 PROCEEDINGS 2 what we have -- that we have guided in the 3 past. 4 UNIDENTIFIED MALE 1: What was the 5 number? I don't remember. 6 MR. BERMAN: I don't recall either, 7 but it was -- compared to where we have 8 been before, it was a substantial number, 9 a large number. 10 UNIDENTIFIED MALE 1: Where can you 11 look at the number? It's in the filings? 12 MR. BERMAN: No, it would be on our 13 web site. 14 MR. JAGUNICH: It would be by 15 analysts. 16 UNIDENTIFIED MALE 1: Is any analyst 17 going to pick up the coverage? 18 MR. BERMAN: We certainly hope so. 19 UNIDENTIFIED MALE 1: Do you have 20 anybody in mind? You talking to anybody? 21 MR. BERMAN: As a matter of fact, I 22 gave an interview yesterday, and I have 23 another interview to give later this 24 afternoon, and we will get coverage from a 25 real analyst very shortly.</p>	Page 18	Page 20

<p>1 PROCEEDINGS 2 agreement with at least one other large 3 distributor -- one other large retailer, 4 I'm sorry. 5 MR. HOLLAND: Are you able to go 6 forward with your business without 7 financing, and do you have any idea when 8 this financing may come in? 9 MR. BERMAN: Actually, the company 10 can go ahead without large financing, but 11 it would mean that we would have to put 12 terms on our sales that are not industry 13 standard, which, of course, will lower the 14 level of sales. 15 MR. HOLLAND: Is that imminent? Is 16 it closed? 17 MR. BERMAN: It will close before 18 December 31. 19 UNIDENTIFIED MALE 1: 20 Congratulations for your achievement. You 21 did great job. 22 MR. BERMAN: Well, I mean, Bob, you 23 used to manage this area at another 24 company. You might want to talk about 25 what a remarkable achievement it has been.</p>	<p>Page 21</p>	<p>Page 23</p>
<p>1 PROCEEDINGS 2 MR. JAGUNICH: Yeah, I look at it 3 from different points of view. I actually 4 managed -- I was the vice president of 5 strategic marketing, and I also had 6 regulatory reported to me at a company 7 called LaserScope that was a NASDAQ-traded 8 stock, got acquired by a couple of 9 companies since then, and I had an eight 10 member team. 11 And actually, back then we were able 12 to get almost 25 10(k)s during that time. 13 It was never easy. We had to do a lot of 14 work. We had to do the clinical trials. 15 It was in a different area. It wasn't in 16 diagnostic. 17 Real up to today, I have been 18 involved with some other startups in the 19 medical device area, and I know like in 20 Silicon Valley where I live, right now 21 there are venture capitalists that are 22 more or less pulling out of the medical 23 device field, I have been told since 2007, 24 just because of their concern with getting 25 to the FDA.</p>	<p>Page 22</p>	<p>Page 24</p>

1 PROCEEDINGS 2 people that are on this call understand, 3 our record -- and then I will go into a 4 little history of the whole process, 5 because some people may be interested in 6 it, having never been through it. 7 Our record, the paper record that we 8 filed with the FDA that began after the 9 application was filed, but when they first 10 acknowledged receiving the file even 11 before DECN was -- became contractually 12 obligated to manage the process, our paper 13 record is 8 feet tall. That's how much 14 exchange we have had with the FDA. 15 Now, a lot of it is repeating the 16 things we repeated previously and repeated 17 before that, but just to give you an idea, 18 we had 17 rounds of comments. We asked 19 for seven extensions and did not receive 20 the break through from the FDA until June 21 of this year. It was -- and by the way, 22 as badly as we feel that we were treated 23 and as hard as it was for us to overcome 24 this, the lawyer that we hired to 25 represent us that does this for a living,	Page 25	1 PROCEEDINGS 2 you know, I guess that will be a nameless, 3 faceless person, but somebody decided that 4 taxing medical devices -- taxing better 5 health is -- was a good thing to do. 6 UNIDENTIFIED MALE 1: In 2011? 7 MR. BERMAN: Yes -- no, 2010. It 8 was the ObamaCare that memorialized it and 9 that tax begins January 1, 2012. 10 UNIDENTIFIED MALE 1: You know 11 taxing is the most productive entity in 12 the country it becomes. 13 MR. BERMAN: Yeah. So you know this 14 is a remarkable achievement. 15 UNIDENTIFIED MALE 1: Yes. 16 MR. KIPSEN (phonetic): Keith. This 17 is Mr. Kipsen. I have been a long-term 18 shareholder and went through some of the 19 trials and the split with the SOX. 20 Is the financing going to be diluted 21 to the long-term shareholders? 22 MR. BERMAN: It will be -- it will 23 be dilutive because you have ongoing fees, 24 but it's not -- you know, a lot of people 25 in our marketplace equate financing with	Page 27
1 PROCEEDINGS 2 tells me we were one of the easy ones, 3 that there are companies that have spent 4 \$70 million trying to get these approvals 5 and still haven't gotten the approval. 6 There are biotechs -- biotech 7 diagnostic firms that have spent that 8 amount of money. Most of it venture 9 startup money. There is some Amex-traded 10 biotechs that are trying to get this 11 approved, but because diagnostics are 12 treated as medical devices, the entire 13 medical device industry is under attack 14 for some reason. 15 And one of the other things that I 16 don't think many of you know, do you know 17 there is a special tax on medical devices 18 that was levied as part of the fiscal 19 stimulus in 2009 and then it became part 20 of ObamaCare. There is no other industry 21 anywhere that has a special tax unless 22 it's a SIN type of product. 23 UNIDENTIFIED MALE 1: How do you 24 explain that? 25 MR. BERMAN: Somebody decided, and,	Page 26	1 PROCEEDINGS 2 things like equity lines and things of 3 that nature. That's not the case here. 4 Us guys, as a board, in 2010 right 5 before the 2010 shareholder conference 6 call, we all decided collectively that we 7 weren't going to do any of those types of 8 financing. 9 Frankly, Bob Jagunich and I fought 10 for five years against that type of 11 financing that prior management had gotten 12 the company involved in, and we would 13 still be saddled with that financing if 14 the company that previous management 15 entered into an agreement with hadn't 16 filed for bankruptcy, which we were able 17 to settle and get out of that bad deal, 18 but our -- by the way, we are shareholders 19 just like all of you guys are. 20 So if we are going to dilute the 21 company -- and there are substantial 22 numbers of small public companies, 23 bulletin board companies and paint chip 24 companies that entered into these kind of 25 financings for a couple of reasons, but	Page 28

<p>1 PROCEEDINGS</p> <p>2 the most important reason is so that</p> <p>3 management can continue earning large</p> <p>4 salaries, because it is a way to monetize</p> <p>5 the company's stock.</p> <p>6 We have never viewed it that way.</p> <p>7 We have always viewed that our job is to</p> <p>8 provide the best product and the best</p> <p>9 company available that we possibly can.</p> <p>10 And our belief has been, as</p> <p>11 shareholders -- now, I have been a</p> <p>12 shareholder in this company since 1999.</p> <p>13 Bob Jagunich as well. I think Bill Lyons</p> <p>14 has been a shareholders since 2001 or</p> <p>15 2002.</p> <p>16 Our goal has always been to make the</p> <p>17 value of the company as high as possible</p> <p>18 and to keep it growing because if the</p> <p>19 shareholders' benefit, we, as</p> <p>20 shareholders, benefit also.</p> <p>21 UNIDENTIFIED MALE: Are there any</p> <p>22 Johnson & Johnson (inaudible)?</p> <p>23 MR. BERMAN: In terms of what?</p> <p>24 UNIDENTIFIED MALE: Any updates?</p> <p>25 Any change?</p>	Page 29	Page 31
<p>1 PROCEEDINGS</p> <p>2 MR. BERMAN: There have been a few</p> <p>3 changes in the last couple of days that I</p> <p>4 can't speak about yet, but you will find</p> <p>5 it online when certain papers are filed</p> <p>6 with the court.</p> <p>7 I can say this, because this is</p> <p>8 publicly-available information, that as</p> <p>9 part of the Johnson & Johnson lawsuit, the</p> <p>10 legal firm that represents Pharmatech and</p> <p>11 Decision Diagnostics, filed a challenge to</p> <p>12 Johnson & Johnson's patents, and</p> <p>13 typically, those challenges go unreviewed,</p> <p>14 because a lot of times they are shots in</p> <p>15 the dark.</p> <p>16 Our guys filed these challenges.</p> <p>17 All three of those challenges were granted</p> <p>18 last Friday, and there was already a</p> <p>19 cursory review of those three patents, and</p> <p>20 Johnson & Johnson was slapped a bit by the</p> <p>21 reviewer -- special reviewer that's</p> <p>22 overlooking these patents. And we're</p> <p>23 going to ask our lawyers in the next</p> <p>24 couple of days if we can't post these</p> <p>25 patent review requests, which are public</p>	Page 30	Page 32

1 PROCEEDINGS 2 MR. BERMAN: Good, Roger. How are 3 you? 4 Did you get snow? Did you get a lot 5 of snow? 6 ROGER: No, not yet. We set a 7 record. No snow yet. 8 I want to say congratulations on the 9 510, and I was wondering about the -- are 10 you going to promote this? There was some 11 talk about, what was it, last year, about 12 an info commercial. I don't know what 13 became of that, but what's the marketing 14 plan? 15 MR. BERMAN: We have -- we are in 16 discussions at the moment and are ready to 17 sign an agreement with an LA-based firm 18 that is going to produce a 30-second 19 commercial, a 60-second commercial, and a 20 four-minute infomercial for the company, 21 all at one price, which we will probably 22 post one of the two commercials, plus the 23 infomercial on YouTube. And once that 24 happens, all of these shows that book 25 space on Lifetime and TLC and so on, will	Page 33	1 PROCEEDINGS 2 MR. BERMAN: Well, we can understand 3 how people who trade stocks for a living 4 and look at the dilution would be 5 interested in that, but, frankly, if we 6 were to go to the market and raise money 7 for our financing at today's price levels, 8 we would be doing everybody a disservice. 9 So the goal now is -- you know -- 10 you know, certainly Bill and Bob and I 11 were involved with another company a 12 decade ago that caught the wind at that 13 particular point in time, and their stock 14 went from like 17 cents to \$9, and, you 15 know, they were smart enough to raise 16 money in chunks. They weren't smart 17 enough to keep us around, but they did 18 their financings correctly, and they 19 waited for appropriate levels and 20 typically raised the same amount of money, 21 but each time they went to the market to 22 raise that money they offered fewer and 23 fewer shares to raise that money. 24 And that's kind of our goal too. 25 The financing that we are doing to finance	Page 35
1 PROCEEDINGS 2 probably want to have us interviewed for 3 their morning shows, primarily addressed 4 to women, plus the diabetes networks that 5 broadcast into diabetic doctors' office -- 6 diabetic doctors' treatment offices will 7 want to pick that up as well. 8 Those of you who have looked, we are 9 on Facebook already. So we will probably 10 have these infomercials on Facebook -- 11 posted on Facebook and on our web site. 12 MR. DYON (phonetic): Keith, I have 13 a question for you. This is Michael Dyon. 14 First of all, congratulations. This 15 is awesome, awesome news. Great job. 16 I wanted to ask -- you sort of 17 touched on some financing that was looking 18 like you might announce it by year end. 19 Will this financing take care of all your 20 needs long term and short term or is it 21 something that might just handle short 22 term and you will have to go back to the 23 market? Will this solve the one thing 24 that everybody would love to know, which 25 is we are done with our financing?	Page 34	1 PROCEEDINGS 2 the sales of the product is very 3 different. That's credit financing. 4 That's kind of a traditional way that 5 companies operate. 6 The other financing we are looking 7 to do is about a million dollars of equity 8 capital. Hopefully, we pick up a partner 9 as a result of that. It certainly won't 10 be an equity line. It won't be anything 11 that is toxic. It won't be anything that 12 is a death spiral or any of those type of 13 things. And it will only be with a fund 14 or people that specialize in these things 15 or a consortium of people. 16 For example, I have a conference 17 call scheduled for tomorrow with a group 18 of doctors that may consider investing. 19 So, you know, companies like us will 20 always have -- if we are growing, and we 21 are going to be -- I'm just going to pull 22 a number out of the air. Let's say we are 23 going to be a \$30 million company, without 24 putting a time period on that \$30 million, 25 the financing needs for a \$30 million	Page 36

1 PROCEEDINGS 2 company are certainly different than the 3 financing needs for a \$500 million 4 company. 5 MR. DYON: Thank you. Why dilute 6 the company and the shareholders if you do 7 all the financing now. Understood. Thank 8 you. 9 MR. JAGUNICH: Also on the financing 10 in terms profitability right now, because 11 our current model is going to bank like 12 institutions is based upon our old 13 business in which it was difficult to get 14 good terms. 15 As our model -- as our business 16 gross and our model proves out, we will 17 also be getting better terms. So we don't 18 want to sign up with a long-term 19 organization that we can't get out of to 20 get better financing rates and that type 21 of thing. So profitability will also 22 improve as we go up. 23 UNIDENTIFIED MALE 1: Is there any 24 plans for other testing hardware to do now 25 or you are going to postpone until you	Page 37	1 PROCEEDINGS 2 the LifeScan -- doing the LifeScan strip, 3 the Ultra alternative strip, which we wish 4 to leverage that experience and do one 5 that is of a similar nature, but probably 6 one generation newer. That's probably 7 something we can do rather quickly, 8 quickly in those terms, not quickly in -- 9 in daily terms. You know, we could 10 probably do that in 9 to 12 months, but 11 the market for that strip is somewhat 12 smaller, or we could take on a project 13 where the market is much larger, but the 14 strip to do is much more complicated. 15 UNIDENTIFIED MALE 1: Which one is 16 this? Bayer? 17 MR. BERMAN: Well, I don't want to 18 get into discussing other companies' 19 names. Where the company has already been 20 sued once prior to launching a product 21 just because some people that used to be 22 close to the company called that other 23 company and got them interested in things 24 that hadn't happened yet, so let's just 25 kind of keep that to a minimum.	Page 39
1 PROCEEDINGS 2 have cash flow from the -- from the 3 Johnson & Johnson strips? 4 MR. BERMAN: Actually, Leon, that's 5 a very good question. 6 In addition to raising the money to 7 finance the sales of GenStrip and then 8 \$1 million or so of working capital that 9 the company needs, we are also going to 10 raise money and establish an R&D 11 partnership. And yes, it is the company's 12 plan, because we have broken the code and 13 we know how to get FDA approval, not that 14 it will be, you know, a quick -- like if 15 LifeScan filed for a 510(k), they would be 16 approved in less than 30 days. 17 We don't hope to do that, but we do 18 hope that it's faster than two and a half 19 years from inception, but we -- we are 20 looking at two models that we wish to 21 follow for the next diagnostic strip that 22 we are going to come out with. 23 The first model that we are looking 24 at is a model for a strip that we can 25 leverage some of the experienced gained on	Page 38	1 PROCEEDINGS 2 I will tell you this, four 3 companies -- until we came along, four 4 companies make up 92 percent of the total 5 market in diabetic test strips. 6 UNIDENTIFIED MALE 1: Can you give 7 us from the highest to lowest? Like 8 Johnson & Johnson one. Who are two, three 9 and four? 10 MR. BERMAN: Well, we need to look 11 at this worldwide because ultimately if we 12 don't come up with an international 13 version of this product, the US 14 distributors are going to try to divert 15 the goods overseas, because it always 16 happens. 17 So we look at the market worldwide, 18 and this is a market that's always 19 growing. Used to be that the growth in 20 the US was probably two to three times 21 higher than the growth in the rest of the 22 world, but now it's turned, and it's just 23 the opposite. 24 The growth in the US is seven -- 5 25 to 7 to 10 percent a year, and the growth	Page 40

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<p>1 PROCEEDINGS 2 overseas is in the 20 percent -- the 3 20 percent area. 4 If you look overseas, Roche, 5 Hoffmann-La Roche and Johnson & Johnson 6 LifeScan are one and two or two and one, 7 any way you look at it. And each of them 8 are in the vicinity of mid to upper 9 30 percent mark. 10 It's a different kind of market over 11 here, slightly different market. The 12 other two major players are Abbott 13 Diagnostics, another US company, and Bayer 14 Healthcare, which is a German company, and 15 they are number three and number four. 16 And collectively, those four account 17 for about 90 percent of the market. There 18 are about 100 other players, mostly 19 Chinese companies, Chinese, Taiwanese and 20 Korean companies that have launched 21 products to marginal success. The largest 22 of that group of companies is like 23 eight-tenths of one percent. 24 And the reason that they haven't 25 been as successful or successful at all,</p>	<p>1 PROCEEDINGS 2 UNIDENTIFIED MALE 1: I was in 3 eastern Europe about ten months ago, and I 4 went -- I was in two countries, and I went 5 specifically in the drug stores to see 6 what kind of strips they sell. They all 7 sell American strips. They all sell the 8 same strip which you mentioned the names. 9 MR. BERMAN: But there will be a 10 different language on the box. 11 UNIDENTIFIED MALE 1: That's right, 12 but it's exactly the same. And in Europe 13 do you need the same approval or much 14 easier approval for the strips? 15 MR. BERMAN: Much easier approval. 16 The process is called CE marking in the 17 European community. 18 Used to be, and this was until about 19 a year and a half ago, you didn't need FDA 20 approval to sell products overseas. 21 For example, Johnson & Johnson sells 22 a product here called Vario. They sold 23 that product in Europe for two years 24 before they received FDA approval on it 25 over here.</p>	
<p>1 PROCEEDINGS 2 other than the fact they are foreign 3 products, and there are large groups of 4 Americans that just won't buy a 5 non-American medical product, but one of 6 the reasons that these companies haven't 7 been successful is that they got a late 8 start on the market. They didn't come to 9 market until 2007, maybe 2006. They got 10 their FDA approval, and by then, they were 11 already 7 million users of diabetic meters 12 on the market, at that point all of 13 them -- virtually all of them from the 14 large four pharmaceutical companies. 15 And they have proven to everybody 16 that it's very, very difficult to sell a 17 new meter and strip combination to a type 18 two diabetic that averages 67 years of 19 age, is usually male, and a large percent 20 of them are institutionalized. Very hard 21 to -- very expensive, very hard to change 22 their meter configuration, which is why 23 going in the alternative strip route has 24 proven so successful for us or at least on 25 the verge of success.</p>	<p>1 PROCEEDINGS 2 So they changed that, I want to say 3 in October of 2010 or it might have been 4 February of 2011. They changed the 5 procedure there where to get your CE mark 6 you have to -- you have to prove that you 7 have some regulatory oversight approval on 8 the product. 9 However, I guess I haven't answered 10 your question, Leon, however, the CE 11 process is typically a six-week process. 12 UNIDENTIFIED MALE 1: Oh, that's 13 nothing. That's not -- 14 MR. BERMAN: I'm sorry. Somebody 15 else ask a question? 16 UNIDENTIFIED MALE 5: Yes, sir. Has 17 the company -- does it have a milestone 18 that would be looking forward to 19 accomplishing overseas approval? 20 MR. BERMAN: That's a late first 21 quarter 2013 project. 22 UNIDENTIFIED MALE 5: Thank you. 23 MR. BANGSTED: Keith, this is Darren 24 Bangsted (phonetic). You mentioned -- 25 what would you consider two fold is what</p>	

1 PROCEEDINGS 2 are the successful market penetration and 3 then what would be, let's just say, beyond 4 your market dream penetration? 5 MR. BERMAN: I spend a lot of my 6 time dealing with people that are in the 7 marketplace, and one of the things that we 8 pretty much discovered is that we are 9 going to be able to take advantage of all 10 of these Chinese and Korean products, 11 which collectively are known as value 12 strips. They are strips that typically 13 sell for less than \$10 a vial to people 14 who actually buy these things, but our 15 belief is that we could probably grow this 16 product over a period of five years to the 17 point where we are about 10 percent of the 18 market -- of the market for Johnson & 19 Johnson products. 20 I think if we screwed everything up, 21 and by screwing everything up, I mean we 22 aren't able to raise capital, our 23 marketing plan is wrong, our pricing 24 structure is way off base, we will still 25 probably achieve 2 or 3 percent.	Page 45	1 PROCEEDINGS 2 very few of these companies are able to 3 convert the mail order market, which is 4 direct to patient market into the overall 5 market share and that isn't LifeScan's 6 forte market anyway. They are not hugely 7 successful in that market. 8 For example -- well, just to make 9 this easier. My guess is that Bayer, 10 which is a force in the mail order market 11 under reports and ultra LifeScan over 12 reports, because of the way that the boxes 13 are counted, which is a huge emphasis on 14 the retail pharmacy market. 15 We are not forecasting at the moment 16 because of Medicare competitive bidding, 17 which is kind of turned the entire market 18 into a flux. We have not forecast the 19 mail order market. 20 So when I tell you if we screw up 2 21 or 3 percent, and if we do great, 22 10 percent, that doesn't include mail 23 order. 24 UNIDENTIFIED MALE 6: That's great. 25 Thank you very much.	Page 47
1 PROCEEDINGS 2 UNIDENTIFIED MALE 6: And out of 3 that 92 percent, Johnson & Johnson 4 controls -- 5 MR. BERMAN: In the high -- 6 depending upon the markets that you wish 7 to include in this -- like, for example, 8 if you picked up a -- 9 UNIDENTIFIED MALE 6: Just a general 10 number. 11 MR. BERMAN: Well, there is no such 12 thing, and that's what I was just trying 13 to get to. 14 There is a company in Philadelphia 15 called IMS, and IMS is the industries 16 reporter of what is sold by what 17 companies. Actually manufacturers report 18 to IMS online and tell them which markets 19 by SIC code they sell into. And by and 20 large, it's difficult to get numbers from 21 the mail order end of the market. 22 So when you are looking at an IMS 23 survey, that survey may show you that 24 Johnson & Johnson LifeScan may control in 25 the mid 40s in terms of market share, but	Page 46	1 PROCEEDINGS 2 MR. BERMAN: Any additional 3 questions? 4 (Inaudible.) 5 MR. BERMAN: Who distributes to 6 whose house? Somebody has got a bad line. 7 I can't hear who is speaking. 8 All right. That's fine. 9 ROGER: Can you hear me, Keith? 10 Roger. 11 MR. BERMAN: I sure can, Roger. 12 ROGER: At what point do you think 13 we will be getting off the OTCVB? 14 MR. BERMAN: There are several 15 requirements that the company needs to -- 16 needs to achieve to move on to the Amex or 17 the NASDAQ market in addition to having 18 the registration fee, which is 19 substantial, but the two areas that we 20 don't currently meet where compromises 21 with the exchange is probably -- wouldn't 22 be to the company's liking, the directors' 23 liking at the moment, are the stock price. 24 They would demand a reverse split 25 and they would demand a very direct	Page 48

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<p>1 PROCEEDINGS 2 reverse split, so that we got well into 3 the -- well into the \$3 range, 3.50 range 4 with the stock, which we think the stock 5 will go to anyway over a period of time. 6 And the other criteria we don't meet, we 7 will meet the moment we raise the million 8 dollars of working capital. 9 ROGER: All right. Thank you. 10 UNIDENTIFIED MALE 7: Keith, can you 11 just go through quickly the cost of the 12 products and what you are selling the 13 products for and then comparing that to 14 what Johnson & Johnson is selling their 15 strips for? 16 MR. BERMAN: Well, I won't go into 17 the cost of the product because it will 18 involve discussing royalties that we have 19 to pay and commissions that we have to 20 pay. 21 By the way, guys, one of the 22 benefits of this is that we were 23 approached by a company that had the sales 24 rights to this product, who sold us the 25 sales rights under the condition that we</p>	<p>1 PROCEEDINGS 2 MR. LYONS: Up to you, but I would 3 recommend that you do not. 4 MR. BERMAN: Actually, I wasn't 5 going to. I wasn't going to answer that. 6 What I was going to say was -- 7 MR. LYONS: Forget I said anything 8 then. 9 MR. BERMAN: Say that again. 10 MR. LYONS: I said forget I said 11 anything then. 12 MR. BERMAN: I don't even know who 13 asked the question. 14 MR. LYONS: It's Bill. 15 MR. BERMAN: Oh, hi, Bill. 16 MR. LYONS: I didn't ask the 17 question. I commented on -- on not 18 commenting on the price. Someone asked 19 you a question, I don't know who it was, 20 about what your anticipated sell price is 21 versus J&J. 22 MR. BERMAN: I will give general 23 broad outlines. The J&J retail box is -- 24 they just got a price increase in 2012 and 25 in '11 and in '10 and in '09. It sells</p>	
<p>1 PROCEEDINGS 2 also took over the regulatory process, 3 among other things, or else there wouldn't 4 be a GenStrip today, but so I won't go 5 into the costing of it, other than to say 6 that the margins that we are going to 7 achieve even after tax are nearly big 8 pharma margins. So it's going to be a 9 markedly successful product. 10 UNIDENTIFIED MALE 1: Profit margin 11 or net margin? 12 MR. BERMAN: Profit before tax. And 13 then, of course, we have a lot of tax loss 14 carry forwards. It's going to be a big 15 time pharma-like product for probably most 16 of its life cycle. 17 In terms of the selling price -- 18 MR. LYONS: Keith, I would counsel 19 not raising selling price as an issue. 20 MR. BERMAN: Say that again. 21 MR. LYONS: I would not -- I would 22 not recommend that you -- you discuss 23 selling price right now. 24 MR. BERMAN: Well, the question 25 was --</p>	<p>1 PROCEEDINGS 2 for about \$1.25 a strip. And in 2010, 3 they broke the \$1 a strip level which 4 was -- which was a psychological level 5 that changed the market and, of course, 6 everybody followed suit. 7 And our goal is to provide a product 8 that costs substantially less than that, 9 because our value proposition is totally 10 based on selling -- selling a strip for -- 11 for less than the competition. 12 So as an aside, our strip also works 13 better but -- and, you know, Bob you might 14 want to talk about that too, but there is 15 a major value proposition to this strip 16 versus the Johnson & Johnson strip. 17 MR. JAGUNICH: I think it's fair to 18 say that J&J has a fairly large percentage 19 of the market. It's one of the two major 20 leaders of oligopoly. 21 And our strip is better, which in 22 dealing with certain marketing agreements 23 that we will achieve, is an advantage 24 because I think that these retailers or 25 marketers for us will -- are looking for a</p>	Page 52

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<p>1 PROCEEDINGS 2 price concession because of J&J's 3 dominance. You know, there is an 4 oligopoly is exactly what it is. J&J sets 5 the pricing I think for the industry. We 6 will come in substantially less than that. 7 I think the advantage ultimately is 8 to the consumer, because even though 9 Medicare -- and, you know, Keith talks 10 about the average consumer is around 67 11 and male. You are looking at someone who 12 is on Medicare, where they only play \$31 13 per strip. So a lot of that is coming out 14 of people's pockets. 15 And we want to appeal to that as 16 well as J&J has provided rather thin 17 margins to distributors. So there is 18 going to be some workout between the price 19 that we charge and what they will charge 20 consumers, but it's going to benefit 21 consumers as well as the distribution 22 channels we will be approaching, and we, 23 you know, have to work out something where 24 we get fair margins, at the same time we 25 take advantage of our lower cost structure</p>	<p>1 PROCEEDINGS 2 shoot them down. We actually thought that 3 we would get our approval on the 21st of 4 December, and it came three weeks earlier 5 than that. 6 As a result of that, the 7 manufacturer decided that they were -- 8 they were going to do what all the 9 manufacturers do in this industry do, they 10 were going to close down for the week from 11 before Christmas until the end of the 12 year. 13 So what they are going to tell us 14 when we meet with them on the phone on 15 Friday is how much they can produce this 16 year, given their shutdown, and they will 17 end up actually boxing the product and 18 adding the package insert after facility, 19 as opposed to what a lot of companies do, 20 which is they manufacture the product and 21 then they send it out to a packaging 22 company. 23 So there will be product delivered 24 this year. We will get it to our 25 distributors this year, and it will</p>	
<p>1 PROCEEDINGS 2 to -- to under price J&J and benefit the 3 whole -- the whole distribution chain as 4 well as the consumers. 5 It will have a strong message, I 6 think, in the overall market. 7 Can anybody hear me? 8 MR. BERMAN: Any further questions? 9 UNIDENTIFIED MALE 1: When did you 10 think the first batch of product will hit 11 the drug stores? 12 MR. BERMAN: We are negotiating that 13 with a manufacturer this week. We have a 14 conference call on Friday where they are 15 supposed to report back to us. 16 It's kind of a high-class problem 17 that we face. Our belief was that we were 18 probably going to get our approval in 19 2012, but it would be like the last day of 20 business in 2012 for the FDA where us and 21 a whole bunch of other companies that were 22 after them for approvals that had waited a 23 long, long period of time for -- for these 24 approvals, and the FDA was kind of like 25 out of questions, out of ammunition to</p>	<p>1 PROCEEDINGS 2 probably reach drug stores first or second 3 week of January. 4 UNIDENTIFIED MALE 1: Will Johnson & 5 Johnson press the drug stores or anyone 6 who has shelf space against their product? 7 MR. BERMAN: As you know, shelf 8 space is always a big deal in the retail 9 market. 10 UNIDENTIFIED MALE 1: Yes, I know. 11 That's why I'm asking. 12 MR. BERMAN: However, and this is a 13 very interesting chain of events that have 14 occurred, and by the way, shelf space is 15 one of the reasons why the Japanese -- 16 excuse me, the Chinese and the Korean 17 products haven't been a big success in the 18 US is because, you know, they are 19 relegated to lesser shelf space and lesser 20 traffic areas in the drug stores. 21 However, the number five company, 22 when there used to be the big five, there 23 was a company called Home Diagnostics. It 24 was a NASDAQ-traded company. They had an 25 interesting product mix. Their</p>	

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<p>1 PROCEEDINGS 2 specialty -- I guess everybody has 3 specialties. Their specialty was selling 4 private label products to companies like 5 Invacare that is a major DME distributor 6 of product, and Walmart, for example, that 7 used to use the HDI product for their own 8 brand name, which is called Rely On. 9 Anyway, HDI sold the company a bit 10 under duress. They were having a few 11 problems with the Securities & Exchange 12 Commission. They sold the company in 13 2010, a bit under duress, to the Japanese 14 company Nipro. And HDI at one time had a 15 4 percent market share. Once a big five, 16 a 98 percent of the company. 17 The Nipro company -- plus the 18 products are beginning to age as well. 19 The Nipro group does not command the shelf 20 space in drug stores that they used to. 21 So we kind of believe that we will 22 be able to jump in there and be able to 23 pick up some shelf space that we wouldn't 24 otherwise be able to pick up because we 25 are going to be a big money maker for drug</p>	<p>1 PROCEEDINGS 2 you very much. Very, very good conference 3 call. 4 MR. BERMAN: Any additional 5 questions? 6 Okay. Well, I thank everybody for 7 attending. We will probably do one of 8 these in a couple of months where we can 9 actually report some GenStrip progress and 10 things of that nature. 11 So with that, I guess we will all 12 sign off, and the conference call company 13 will breathe a sigh of relief. 14 Thanks for attending, Roger. 15 ROGER: Thanks for having it and, 16 again, congratulations. 17 MR. BERMAN: Bye-Bye. 18 UNIDENTIFIED MALE 1: Thank you, 19 guys. Great job. 20 (Time noted: 4:15 p.m.) 21 22 23 24 25</p>	
<p>1 PROCEEDINGS 2 stores, which is also part of the value 3 proposition. Not only will we make great 4 money, but the people that carry our 5 product will make better money. 6 UNIDENTIFIED MALE 1: What you are 7 telling me is that the margins for the 8 retailer -- your margins are going to be 9 higher than Johnson & Johnson margins? 10 MR. BERMAN: Yes. Yes. 11 MR. JAGUNICH: And we will undercut 12 J&J's price as well. 13 MR. BERMAN: Yeah, the price will be 14 less, and the margins for the drug stores 15 will be higher, simply because the 16 oligopoly, the group of four companies has 17 priced themselves to the point where it's 18 virtually impossible for a retailer to 19 markup the test strip products by 20 30 percent on a retail level, which is the 21 margins that independent drug stores look 22 to achieve. They just can't do that, but 23 they will be able to mark our product up 24 30 percent and make great money on it. 25 UNIDENTIFIED MALE 1: Okay. Thank</p>	<p>1 2 3 STATE OF NEW YORK) 4 :ss 5 COUNTY OF RICHMOND) 6 7 I, MELISSA GILMORE, a Notary Public 8 within and for the State of New York, do hereby 9 certify that the within is a true and accurate 10 transcript of the proceedings taken on 11 December 11, 2012. 12 I further certify that I am not 13 related to any of the parties to this action by 14 blood or marriage; and that I am in no way 15 interested in the outcome of this matter. 16 IN WITNESS WHEREOF, I have hereunto 17 set my hand this 11th day of December, 2012. 18 19 20 21 22 23 MELISSA GILMORE 24 25</p>	

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